

Application No. 10/071,124
Amendment dated August 11, 2003
Reply to Office Action of May 16, 2003



Atty Dkt No. 7500-0004.10 #4B

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

John M. PEZZUTO et al.

Confirmation No.: 2746

Serial No.: 10/071,124

Group Art Unit: 1614

Filing Date: February 7, 2002

Examiner: Dwayne C. JONES

Title: PHARMACEUTICAL FORMULATIONS OF RESVERATROL

AMENDMENT UNDER 37 CFR § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 16, 2003, please amend the above-identified patent application as follows.

AMENDMENTS TO THE CLAIMS

The amendments to the claims are reflected in the "Listing of the Claims" set forth on pages 2 to 5 of this paper.

REMARKS/ARGUMENTS

The remarks in support of this application are set forth on pages 6 to 10 of this paper.

08/14/2003 RMEBRAHT 00000047 10071124

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18.00 OP

1614/4

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

AUG 13 2003

U.S. PATENT & TRADEMARK OFFICE

Application Number	10/071,124
Filing Date	February 7, 2002
First Named Inventor	J hn M. PEZZUTO
Art Unit	1614
Examiner Name	Dwayne C. JONES
Attorney Docket Number	7500-0004.10

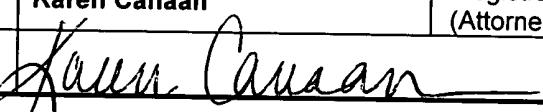
ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check for \$18.00 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Return Postcard.</u>
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Remarks:

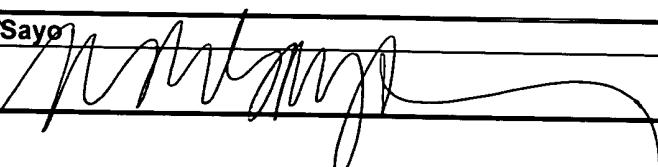
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (print/type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382	Telephone	(650) 330-0900
Signature			Date	August 11, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 11, 2003.

Name (print/type)	Wil Sayo		
Signature			Date
			August 11, 2003

AUG 13 2003

PATENT & TRADEMARKS

**FEET TRANSMITTAL
for FY 2003**

Effective 01/01/03. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$18.00

Complete if Known

Application Number	10/071,124
Filing Date	February 7, 2002
First Named Inventor	John M. PEZZUTO
Examiner Name	Dwayne C. JONES
Group Art Unit	1614
Attorney Docket No.	7500-0004.10

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METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Other None Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Reed & Eberle LLP

The Commissioner is authorized to: (check all that apply)

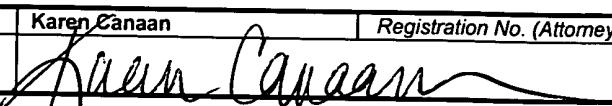
- Charge fee(s) indicated below Charge any underpayment or credit any overpayments
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- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		\$0	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	25	Extra Claims	Fee from below
Independent Claims	3	- 24 = - 3** =	 = \$18.00
Multiple Dependent		 0	 0 = 0
SUBTOTAL (2)		\$18.00	
Other fee (specify) *Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			\$0

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382	Complete (if applicable)
Signature		Date	August 11, 2003	